

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

A METHOD FOR DETECTION OF RHEUMATOID ARTHRITIS BY DETECTING  
UPREGULATION OF EXPRESSION OF WNT

the specification of which (check only one item below):

☐ is attached hereto

☐ was filed as United States application

Serial No. \_\_\_\_\_

on \_\_\_\_\_

and was amended

on \_\_\_\_\_ (if applicable).

☒ was filed as PCT International application

Number PCT/JP03/05358

on April 25, 2003

and was amended under PCT Article 19

on \_\_\_\_\_ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate of of any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed:

PRIORITY FOREIGN/PCT APPLICATION(S) AND ANY PRIORITY CLAIMS UNDER 35 USC 119:

COUNTRY (if PCT indicate "PCT")	APPLICATION NUMBER	DATE OF FILING (day, mo., year)	PRIORITY CLAIMED UNDER 35 USC 119
Japan	2002/130883	02.05.2002	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO

**COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY (CONTINUED)**  
(Include Reference to PCT International Applications)

DOCKET  
TAN-345

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) or PCT international application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in that/those prior application(s) in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application(s) and the national or PCT international filing date of this application.

PRIOR U.S. APPLICATIONS OR PCT INTERNATIONAL APPLICATIONS DESIGNATING THE U.S. FOR BENEFIT UNDER 35 U.S.C. § 120:

**U.S. APPLICATIONS**

**STATUS**

*Check One*

PATENTED

PENDING

ABANDONED

**PCT APPLICATIONS DESIGNATING THE U.S.**

PCT APPLN. NO.

PCT FILING DATE

U.S. SERIAL NOS.  
ASSIGNED if any

**POWER OF ATTORNEY:** As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (List name and registration number)  
Leonard W. Sherman, Reg. No. 19,636; Edwin A. Shalloway, Reg. No. 19,967; Richard A. Steinberg, Reg. No. 26,588; Perry Carvellas Reg. No. 19,637; Alan Holler, Reg. No. 29,266; and Robert L. Haines, Reg. No. 35,533

Send Correspondence to:

SHERMAN & SHALLOWAY  
413 N. Washington Street  
Alexandria, Virginia 22314

Direct Telephone Calls to:  
(Name and telephone number)

(703) 549-2282

2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
0	RESIDENCE & CITIZENSHIP	CITY	STATE OR COUNTRY	CITIZENSHIP
1	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE, ZIP, COUNTRY
2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
0	RESIDENCE & CITIZENSHIP	CITY	STATE OR COUNTRY	CITIZENSHIP
2	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE, ZIP, COUNTRY
2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
0	RESIDENCE & CITIZENSHIP	CITY	STATE OR COUNTRY	CITIZENSHIP
3	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE, ZIP, COUNTRY

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

SIGNATURE OF INVENTOR 201

SIGNATURE OF INVENTOR 202

SIGNATURE OF INVENTOR 203

DATE 10/14/84

DATE

DATE